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NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office ATTN: MS APPEAL BRIEF	(571) 273-8300	

FROM: Peter J. Yim
Reg. 44,417**DATE:** August 13, 2007

Number of pages with cover page:	18	
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Preparer of this slip has confirmed that facsimile number given is correct:

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Comments:**PLEASE PROCESS THE ATTACHED.**

Re: U.S. Patent Application No. 10/608,300
For: OPTICAL METROLOGY OF STRUCTURES FORMED
ON SEMICONDUCTOR WAFERS USING
MACHINE LEARNING SYSTEMS
By: Srinivas DODDI et al.
Our reference: 50998-20055.00

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Reply Brief (13 pages)
4. Request for Oral Hearing (1 page)

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PTO/SB/21 (09-04)


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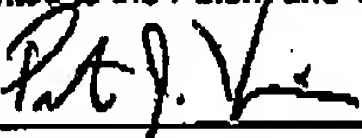
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/608,300	
	Filing Date	June 27, 2003	
	First Named Inventor	Srinivas DODDI	
	Art Unit	2121	
	Examiner Name	N. Brown	
Total Number of Pages in This Submission	17	Attorney Docket Number	509982005500

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Reply Brief) (13 pages) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Oral Hearing (1 page) 2. Facsimile Cover Sheet (not counted as part of this submission)
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Peter J. Yim		
Date	August 13, 2007	Reg. No.	44,417

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: August 13, 2007	Signature:  (Peter J. Yim)

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Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4310). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/608,300
		Filing Date	June 27, 2003
		First Named Inventor	Srinivas DODDI
		Examiner Name	N. Brown
		Art Unit	2121
TOTAL AMOUNT OF PAYMENT		(\$)	1,000
		Attorney Docket No.	509982005500

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 03-1952
 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
29	-22 = 0	50	0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
360	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3 = 0	200	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	

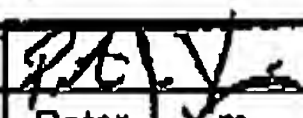
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1403 Request for Oral Hearing

Fees Paid (\$)

1,000.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,417
Name (Print/Type)	Peter J. Yim	Telephone	(415) 268-6373
		Date	August 13, 2007

sf-2371730